



WOMEN'S WAY REFERRAL

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF COMMUNITY & HEALTH SYSTEMS
SFN 58929 4-2020

To be completed by the health care provider:

Does the woman live in North Dakota?

_____ Yes (continue) _____ No (not eligible for *Women's Way*)

Does the woman meet income guidelines below?

_____ Yes (continue) _____ No (not eligible for *Women's Way*)

April 1, 2020-March 31, 2021

Household Number	Income 200% FPL	
	Yearly	Monthly
1	\$25,520	\$2,126.67
2	\$34,480	\$2,873.33
3	\$43,440	\$3,620.00
4	\$52,400	\$4,366.67
5	\$61,360	\$5,113.33
6	\$70,320	\$5,860.00

Each additional \$8,960 per year **or** \$746.66 per month

Is the woman aged 21 through 39?

_____ Yes (continue) _____ No (skip to question regarding woman aged 40 through 64)

Does the woman have breast symptoms, or is at high risk for breast cancer, or is due for a Pap test or need breast or cervical diagnostic procedures?

_____ Yes (eligible for *Women's Way*) _____ No (Not eligible for *Women's Way*)

Is the woman aged 40 through 64?

_____ Yes (Eligible for *Women's Way*) _____ No (not eligible by age for *Women's Way*)

Name of patient	Signature of patient
Patient telephone number	Best time to contact
Clinic name	Clinic contact name

Fax completed form to *Women's Way* at 701-328-2036.

Please call *Women's Way* at 800-449-6636 or 800-280-5512 or 701-328-2389 for more information.

[To print more forms, go to: www.ndhealth.gov/womensway](http://www.ndhealth.gov/womensway) - click on: For Professionals - Downloads